UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/CP/178
31 December 1996

ORIGINAL: English

Second regular session 1997
10 -14 March 1997, New York
Item 5 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the Gambia

Proposed UNFPA assistance: $4.5 million, $3.5 million from regular resources and $1.0 million from multi-bilateral and/or other, including regular, resources.

Programme period: 5 years (1997-2001)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	2.0	0.5	2.5
Population & development strategies	1.0	0.5	1.5
Advocacy	0.5	-	0.5
Total	3.5	1.0	4.5

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GAMBIA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	33.9	≥60
Contraceptive prevalence rate (15-44) (%)[2]	12.0	≥55
Access to basic health services (%)[3]	90.0	≥60
Infant mortality rate (/1000)[4]	132.0	≤50
Maternal mortality rate (/100,000)[5]	1,500.0	≤100
Gross female enrolment rate at primary level (%)[6]	35.10	≥75
Adult female literacy rate(%)[7]	22.10	≥50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	1,118	Annual population growth rate (%)	2.9
Population in year 2000 (000)	1,291	Urban	5.3
Sex ratio (/100 females)	97.7	Rural	1.9
Per cent urban	25.5	Crude birth rate (/1000)	40.9
Age distribution (%)		Crude death rate (/1000)	17.3
Ages 0-14	41.3	Net migration rate (/1000)	5.0
Youth (15-24)	18.5	Total fertility rate (woman)	5.21
Ages 60+	4.8	Life expectancy at birth (years)	
Percentage of women aged 15-49	48.3	Males	45.4
Median age (years)	19.6	Females	48.7
Population density (/sq. km.)	99	Both sexes	47.0
		GNP per capita (U.S. dollars, 1994)	360

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over a five-year period (1997-2001) to assist the Government of the Gambia in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $4.5 million, of which $3.5 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $1.0 million from multi-bilateral and/or other, including regular, resources to the extent possible consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This will be the fourth cycle of UNFPA assistance to the Gambia.

2. The proposed programme, which has been finalized in close consultation with the Government and other national and international partners, is based on the Government's overall objectives as stated in its national programmes and policies for sustained development, population, family planning, health and poverty alleviation. It also draws on the findings and recommendations of the programme review and strategy development (PRSD) mission fielded in July/August 1996, and the lessons learned during the three previous country programmes.

3. The long-term objective of the proposed programme will be to assist the Government to strengthen its national capacity to fulfill the objectives of its population and health policy and action plan, namely, to reduce maternal mortality by 25 per cent by 2001 and the total fertility rate from 6.0 in 1996 to 5.0 in 2001; to increase the contraceptive prevalence rate for modern methods from the current 12 per cent to 25 per cent by 2001; and to alleviate the differential impact of social and cultural traditions adversely affecting the status of women.

4. To achieve the above objectives, the PRSD mission recommended that the proposed programme work to strengthen institutional structures and technical capacity to fully implement the population policy in cooperation with the private sector and that it promote a comprehensive reproductive health approach and foster its integration into all health structures. It would seek to help the Government in its efforts to empower women with basic rights, including reproductive rights, as partners in development.

5. All activities undertaken in the framework of the programme, as in all UNFPA-assisted activities, will be carried out in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly in its resolution 49/128.

Background

6. With a per capita gross national product (GNP) of $360 in 1994, the Gambia is classified as a least developed country and is in category "A" in terms of UNFPA's new approach for resource allocation. High fertility and immigration rates are responsible for a high growth rate of the

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population (currently 1.1 million), making it one of the most densely populated countries in sub-Saharan Africa. The relatively low contraceptive prevalence rate -- 12 per cent for modern methods against an awareness level of 81 per cent -- is explained to a degree by widespread misconceptions about religious precepts on family planning and by the fact that women are not always allowed to practice family planning without spousal or parental consent or simply because they do not know where to get contraceptives. Other factors compounding the problem include the poor quality of reproductive health services due to a lack of qualified personnel and equipment and the inadequacy of physical space at many centres and clinics. The high maternal mortality rate is due to early marriage and young age at first birth, taboos concerning methods of delivery and food, low use of family planning, low attendance at delivery by trained medical personnel, and the fact that pregnant women are referred to hospitals and dispensaries only in critical cases.

7. Although the society is ethnically diverse, it is 95 per cent Muslim. Deep-rooted sociocultural and religious beliefs and practices continue to influence fertility behaviour and to favour men in gender relations. The patriarchal and pronatalist culture subscribes to patrilineage, polygamy, female circumcision and early marriage. The low status of women is characterized by poor access to resources and education and lack of control over land in a primarily agricultural economy. Despite the Government's introduction of such instruments as the National Women's Council and Bureau, the status of women remains low.

8. The Gambia's first five-year development plan (1975-1980) acknowledged the constraints of unchecked rapid population growth on developmental efforts. In recognition of this small country's land space limitations and impoverished natural resource base, the Government launched the National Population Policy in 1992 with specific targets in the field of fertility, maternal and child health and family planning (MCH/FP), youth and employment, the environment, migration and gender issues. Fertility regulation and empowerment of women are at the core of the policy.

Previous UNFPA assistance

9. UNFPA's third country programme (1992-1996) in the amount of $4 million was instrumental in creating population awareness throughout all levels of society. The Fund provided significant support to the 1993 housing and population census and to the finalization of the National Family Planning Policy. Furthermore, UNFPA assistance contributed to a diversification of the contraceptive method mix, including long-term methods, in the Gambia.

10. The execution of the programme was confronted, however, with a number of programme and management shortcomings. The results of the 1993 census and other surveys have shown that the sectoral targets were too ambitious and the baseline assumptions were inaccurate. Since 1994, most external donors have withdrawn or are withholding financial and technical support. Lack of national

technical expertise in population and development and reproductive health has been another constraint.

11. Although the Population Secretariat had been placed in the Office of the Presidency, the Government was unable to provide funding, leaving the programme dependent on external assistance and, therefore, vulnerable and unsustainable. As pointed out earlier, there is a need to counter misconceptions about religious precepts on family planning, which remain widespread. An improvement in reproductive health, including an increase in the contraceptive prevalence rate, will depend largely on innovative counselling and on the provision of services not only for women but also for men and adolescents. Also, wider accessibility to reproductive health service delivery points needs to be matched with proper equipment, supplies, logistics and sufficient numbers of adequately-trained personnel so that people will be attracted to use the services provided.

Other external assistance

12. Between 1992 and 1994 external assistance for population activities in the Gambia totaled approximately $5.3 million. Since then, however, most bilateral donors have withdrawn or suspended their support while multilateral assistance from the United Nations system has continued. In the field of population, UNFPA is the main donor, complemented by the work of other agencies. The programme of UNICEF for 1992-1996 had a substantial health component for capacity building, empowerment of women, and maternal and child health service delivery. UNDP, since 1994, is assisting the Government to develop the Strategy for Poverty Alleviation, pending resumption of bilateral support.

13. The Government is currently implementing a five-year women-in-development multisectoral project jointly funded by the World Bank, the African Development Bank, Norway and UNDP. The programme aims to improve women's productivity, welfare and status and to effect a change in society's perception of the actual and potential role of women in national development. The Netherlands contributed significantly to the 1993 census, primarily for the training of nationals and for analysis and dissemination of the results. Since 1995, Germany has funded a family planning programme in the North Bank Health Division. In addition, non-governmental organizations (NGOs) are very active. The Gambia Family Planning Association has been a leader in reproductive health, including family planning and sexual health, services, and Save the Children (United States) has been a pioneer in the provision of family planning motivation and services in the North Bank.

Proposed programme

14. The proposed programme will seek to reinforce the planning and coordinating mechanism for implementation of the National Population Policy; to increase access to reproductive health services for at least 80 per cent of the rural population by the year 2001 through the primary health

care system; to increase awareness of population and development issues, family planning and responsible parenthood; and to foster positive social attitudes, particularly among men and youth, toward gender equality and equity and the empowerment of women. The programme would achieve its goals by promoting a comprehensive reproductive health system approach and by integrating its components into all health structures, as well as by strengthening institutional structures and the technical capacity to manage the national population programme.

15. Reproductive health. The first objective of the programme will be to ensure the availability and accessibility of comprehensive reproductive health services in 50 per cent of all MCH/FP service delivery points. The reproductive health sub-programme will contribute to the Government's goal of reducing the maternal mortality rate by 25 per cent by the year 2001. The focus will be on upgrading the quality of care offered by service providers through the training of key health agents. Fifty per cent of all reproductive health service delivery points will be renovated to promote user-friendliness and gender-sensitivity, especially for youth and men.

16. One of the main elements in upgrading the health services staff will be to improve their counselling and communications skills in order that they can serve as agents for increasing public knowledge of family planning services. The community would be encouraged to participate in the design, renovation, funding and management of health structures. Operational and sociocultural research would be systematically undertaken to help improve the quality of services and of information, education and communication (IEC) activities.

17. Following the initiation of a baseline survey on reproductive health, the programme will assist in improving services at existing delivery points and upgrading the health premises in order to improve patient flow, attractiveness and user-friendliness. Alternative channels of family planning service delivery -- community-based distribution, social marketing and employment-based points -- would be systematized and increased. A broader range of contraceptive options would also be made available. The programme will help train, in all aspects of reproductive health, 50 physicians, 250 midwives and state registered nurses, and 500 community health nurses and traditional birth attendants. The programme will organize workshops to promote the reproductive health system approach and refocus MCH/FP activities on the family and the participation of men. In addition, it will provide reproductive health counselling and services at work places for men and youth and establish ten pilot youth reproductive health centres for counselling, outreach activities, service delivery and referral.

18. Population and development strategies. The proposed programme seeks to institutionalize the integration of population variables, including gender issues, into national and sectoral policies and plans and then build up adequate human resources to implement those policies. Specifically, the programme would encourage the adoption and use of tools to integrate population variables into planning, gender and programme approaches, as well as to foster collaboration in the collection and

use of population and development and sociocultural data. Communities and local structures will be empowered to formulate, coordinate and evaluate programmes on their own. Assistance would be given in the training of existing central and divisional staff in reproductive health and in population and development and related fields.

19. In addition to establishing a comprehensive database in population, the proposed programme will also provide assistance to implement the national population action plan initiated by the Government and to adapt the national plan of action at the divisional level. It will develop and implement a five-year comprehensive training plan based on identified needs in population and development, reproductive health and IEC. Population and family life education would be integrated into the programmes of existing municipal and divisional skills development and vocational training centres for youth; it would be institutionalized and expanded at the primary and secondary school levels country-wide and some components introduced in the educational activities of 10 Koranic schools.

20. Advocacy. Based on lessons learned, the proposed programme will assist the Government, first of all, to raise the awareness of religious, community and political leaders on the interrelationships between population and environment, socio-economic development and reproductive health and to obtain their full participation in the formulation and implementation of the population and development and reproductive health programmes. The programme would also assist the Government in creating a favourable context for the adolescent usage of reproductive health information and services and for encouraging gender equity and equality.

21. To support the objectives, the programme will promote the participation of religious and political leaders in population and related activities; initiate a national debate on youth issues, preoccupations and problems; strengthen the institutional base for coordination of IEC and advocacy activities; and, encourage religious, political and community leaders to promote women's status and the education of the girl child. Leaders of non-governmental and religious organizations, influential groups and politicians will be enlisted to help change negative attitudes and harmful practices against girls and women. In close collaboration with the Women's Bureau, sensitization campaigns will be supported that combat violence against women.

Implementation, monitoring, evaluation and coordination

22. The coordination of the National Population Programme is entrusted to the National Population Commission chaired by the Head of State. The operational arm of the Commission is the Secretariat located in the Office of the Presidency. At sub-national levels, the implementation and coordination of the population programmes are carried out by population task forces, established in the division, and by village development committees at the municipal levels. The United Nations system has instituted thematic groups that meet on a regular basis and thereby facilitate collaboration.

UNFPA has instituted a quarterly meeting of all projects funded by the programme under the leadership of the Population Secretariat, which allows monitoring of project progress.

23. The proposed programme would be implemented nationally, with activities being carried out by the Government and NGOs as well as by United Nations agencies working in the Gambia. The coordination will be done by the National Population Commission, which will ensure that activities undertaken in each sub-programme are in line with the overall programme objectives and that they are in harmony with each other. Each sub-programme will be placed under the responsibility of a ministry to formulate, manage and evaluate. The activities under each sub-programme will be carried out by different ministry departments, NGOs and associations. Every effort will be made to strengthen the Commission's Population Secretariat technically to enable it to coordinate all population projects and programmes being implemented in the country.

24. UNFPA's established guidelines and procedures will be used for the management, monitoring and evaluation of the proposed programme. To enable a better assessment of programme progress, indicators of progress and success in designing sub-programmes will be given particular attention. Quarterly meetings with programme directors, managers and financial assistants will be held to promote coordination and sharing of experience and problems encountered. Technical backstopping from the UNFPA Country Support Teams will be requested on the basis of an annual plan prepared at the beginning of each calendar year. As far as possible, national consultants and NGOs will be used for evaluation and review exercises. A mid-term review of the programme will be held in 1999 to assess the progress made and problems encountered, and reorientation plans will be defined as necessary.

Recommendation

25. The Executive Director recommends that the Executive Board approve the programme of assistance for the Gambia, as outlined above, in the amount of $4.5 million over the period 1997-2001, $3.5 million of which would be programmed from UNFPA's regular resources to the extent such resources are available, and the balance of $1 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.